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**FAX TRANSMISSION****DATE:** October 26, 2006**PTO IDENTIFIER:** Application Number 10/760,524-Conf. #1104  
Patent Number**Inventor:** Wei-Hong WANG**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** BIRCH, STEWART, KOLASCH & BIRCH, LLP  
Joe McKinney Muncy**PHONE:** (703) 205-8026**Attorney Dkt. #:** 2019-0236P**PAGES (Including Cover Sheet):** 24**CONTENTS:** Fax Cover Sheet (1 page)  
Certificate of Transmission (1 page)  
Fee Transmittal (1 page)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
  
Amendment (20 pages)  
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**BIRCH, STEWART, KOLASCH & BIRCH, LLP**  
8110 Gatehouse Road, Suite 100 East, P.O. Box 747, Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PTO/SB/97 (09-04)

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Application No. (if known): 10/760,524

Attorney Docket No.: 2019-0236P

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Fax Cover Sheet (1 page)

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|  |      |  |  |
|--|------|--|--|
| Effective on 12/08/2004.<br>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |      | <b>Complete if Known</b><br>Application Number: 10/760,524-Conf. #1104<br>Filing Date: January 21, 2004<br>First Named Inventor: Wei-Hong WANG<br>Examiner Name: E. A. Rieley<br>Art Unit: 2879<br>Attorney Docket No.: 2010-0238P |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |      |  |  |
| TOTAL AMOUNT OF PAYMENT  | (\$) | 60.00  |  |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: 02-2448            Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP                           |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments              |  |

|   |                     |   |                      |                     |                                      |                       |                       |
|---|---------------------|---|----------------------|---------------------|--------------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                     |                                      |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                     |                                      |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                     | <b>EXAMINATION FEES</b>              |                       |                       |
|   |                     | <b>Small Entity</b>                                     |                      | <b>Small Entity</b> |                                      | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>      | <b>Fee (\$)</b>     | <b>Fee (\$)</b>                      | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                  | 250                 | 200                                  | 100                   |                       |
| Design  | 200                 | 100   | 100                  | 50                  | 130                                  | 65                    |                       |
| Plant   | 200                 | 100   | 300                  | 150                 | 160                                  | 80                    |                       |
| Reissue   | 300                 | 150   | 500                  | 250                 | 600                                  | 300                   |                       |
| Provisional   | 200                 | 100   | 0                    | 0                   | 0                                    | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                      |                     |                                      |                       |                       |
|   |                     |   |                      |                     |                                      | <b>Small Entity</b>   |                       |
|   |                     |   |                      |                     |                                      | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                      |                     |                                      | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                      |                     |                                      | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                      |                     |                                      | 360                   | 180                   |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                     | <b>Multiple Dependent Claims</b>     |                       |                       |
| 24  | 25                  | 0   | x 50.00 = 0.00       |                     | <b>Fee (\$)</b> <b>Fee Paid (\$)</b> |                       |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                      |                     |                                      |                       |                       |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                     |                                      |                       |                       |
| 2   | 3                   | 0   | x 200.00 = 0.00      |                     |                                      |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                      |                     |                                      |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                     |                                      |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                     |                                      |                       |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      | <b>Fee (\$)</b>     | <b>Fee Paid (\$)</b>                 |                       |                       |
| _____   | - 100 = _____       | /50 (round up to a whole number) x _____                |                      | = _____             |                                      |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                      |                     |                                      |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                     |                                      | <b>Fees Paid (\$)</b> |                       |
| Other (e.g., late filing surcharge): 2251 Extension for response within first month   |                     |   |                      |                     |                                      | 60.00                 |                       |

|                     |                                   |        |                          |
|---------------------|-----------------------------------|--------|--------------------------|
| <b>SUBMITTED BY</b> |                                   |        |                          |
| Signature           | Registration No. (Attorney/Agent) | 32,334 | Telephone (703) 205-8028 |
| Name (Print/Type)   | Joe McKinney Muncy                |        | Date October 26, 2006    |

Birch, Stewart, Kolasch &amp; Birch, LLP

KM/asc